

ITEM #17

SPECIAL POWER OF ATTORNEY TO APPOINT AND CERTIFY AGENTS

Know All Men by These Presents:

That _____, an insurer of the State of _____,
admitted to transact insurance in the State of California, does hereby appoint: (Name natural persons only)

its attorney(s)-in-fact to appoint persons and entities to act as and to be licensed as agents in the State of California, and to terminate the said appointments, and, if the said insurer be a life insurer or an insurer admitted to transact disability insurance, it empowers the said attorney(s) to make and sign on its behalf statements on applications for licenses to act as life and disability agent, life only agent or disability only agent concerning the applicants therefore.

IN WITNESS WHEREOF, the said insurer has to these presents caused its name to be subscribed and attested by its President and Secretary at _____, State of _____, this ____ day of _____ 20__.

Name of Insurer

By _____
President

By _____
Secretary

State of _____)
County of _____)

On _____ before me, _____, personally appeared _____
_____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

[NOTARIAL SEAL]

Signature _____
(Signature of Notary Public)